

Urbonski

District Judge
Assign. by Clerk's Ofc.

Hoppe

Mag. Referral Judge
Assign. by Clerk's Ofc.

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA

CLERK'S OFFICE U.S. DIST. COURT
AT ROANOKE, VA
FILED

MAR 09 2022

JULIA C. DUDLEY, CLERK
BY: A. Beeson
DEPUTY CLERK

For use by Inmates filing a Complaint under

CIVIL RIGHTS ACT, 42 U.S.C. §1983 or BIVENS v. SIX UNKNOWN NAMED AGENTS
OF FED. BUREAU OF NARCOTICS, 403 U.S.C. §388 (1971)

Randall Scott Hustead Sr.
Plaintiff full name

68381
Inmate No.

v.

CIVIL ACTION NO. 7:22CV120
(Assigned by Clerk's Office)

Botetourt / Craig County Regional Jail
Defendant(s) full name(s)

The mailing address you provide at A: "where are you now?" is where the court will send mail to you

A. Where are you now? Facility and Mailing Address Botetourt / Craig Co. Regional Jail, P.O. Box 370 Fincastle VA 24090

B. Where did this action take place? my current location

C. Have you begun an action in state or federal court dealing with the same facts involved in this complaint?

 Yes No

If your answer to A is Yes, answer the following:

1. Court: _____

2. Case Number: _____

D. Have you filed any grievances regarding the facts of this complaint?

 Yes No

1. If your answer is Yes, indicate the result:

I've requested repeatedly for a 1983 form, and was discouraged from receiving it.

2. If your answer is No, indicate why:

E. Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. **Do not give any legal arguments or cite any cases or statutes.** If necessary, you may attach additional page(s). Please write legibly.

Claim #1 – Supporting Facts – Briefly tell your story without citing cases or law:

I was shot in the arm, and which required multiple surgeries. Soon after I was incarcerated, and contracted MRSA in my arm. The infection was cured, however the scar tissue has left my arm deformed, in constant pain, and I have only partial use. But this facility refuses proper medical care.

Claim #2 – Supporting Facts – Briefly tell your story without citing cases or law:

F. State what relief you seek from the Court. Make no legal arguments and cite no cases or statutes.

I either want proper medical care, or transferred to DOL where proper medical care is a prerequisite.

G. If this case goes to trial do you request a trial by jury? Yes ☒ No ☐

H. If I am released or transferred, I understand it is my responsibility to immediately notify the court in writing of any change of address **after** I have been released or transferred or my case may be dismissed.

DATED: 3-3-22

SIGNATURE: *Randall Hustead*

VERIFICATION:

I, *Randall Hustead*, state that I am the plaintiff in this action and I know the content of the above complaint; that it is true of my own knowledge, except as to those matters that are stated to be based on information and belief, and as to those matters, I believe them to be true. I further state that I believe the factual assertions are sufficient to support a claim of violation of constitutional rights. Further, I verify that I am aware of the provisions set forth in 28 U.S.C. §1915 that prohibit an inmate from filing a civil action or appeal, if the prisoner has, on three or more occasions, while incarcerated brought an action or appeal in federal court that is dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted, unless the prisoner is imminent danger of serious physical injury. I understand that if this complaint is dismissed on any of the above grounds, I may be prohibited from filing any future actions without the pre-payment of the filing fees. I declare under penalty of perjury the foregoing to be true and correct.

DATED: 3-3-22

SIGNATURE: *Randall Hustead*

FS

Randall Husted 68581
Batesville Jail
PO Box 370
Pinecastle VA 24090

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INMATE BOTE COURT CO JAIL



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